

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | <p>A. Signature<br/>X <i>F Green</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>   |  |
| <p>1. Article Addressed to:</p> <p>Metropolitan Life Insurance Com.<br/>One Metlife Plaza<br/>27-01 Queens Plaza North<br/>Long Island City, NY 11101</p> <p><i>07cv1064 S+C</i></p>   |  | <p>B. Received by (Printed Name) <i>F Green</i> C. Date of Delivery <i>12-17-07</i></p>  |  |
|  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
|  |  | <p>3. Service Type<br/><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
| <p>2. Article Number<br/>(Transfer from service label)</p>   |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
|  |  | <p>7003 3110 0004 0800 3064</p>  |  |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540